## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

767980

(6)

NATIONAL HOOK-UP OF BLACK WOMEN, INC. TALLAHASSE F CHAPTER

## FILED Jan 28 1998 8:00am Secretary of State

Principal Place of Business   Mailing Address   Mailing Address   April 1983   A FEI Number   Applied For TALLAHASSEE FL 2010   S	E CHAPTER							
TALLAHASSEE FL 22910 TALLAHASSEE FL 22914-6947 USS SUB- Actionate Substitution of Substitution S	Principal Plac	e of Business	Mailing Address					
2. Principal Place of Business   2a, Mailing Address   5. Certification of Status Desired   \$8.75 Additional Place of Business   2a, Mailing Address   5. Certificate of Status Desired   \$8.75 Additional Place of Business   2a, Mailing Address   5. Certificate of Status Desired   \$8.75 Additional Place of Business   2a, Mailing Address   5. Certificate of Status Desired   \$8.75 Additional Place of Business   2a, Mailing Address   5. Certificate of Status Desired   \$8.75 Additional Place of Business   5. Certificate of Status   5.	TALLAHASSEE FL 32310		TALLAHASSEE FL 32314-6647				04/15/1983	
2.							7.55.104 . 51	
Sulte, Apt. 8, etc.   Sulto, Apt. 8, etc.		lace of Business	<b>⊢</b>				5. Certificate of Status Desired S8.75 Additional	
Country   23   21   22   22   22   23   24   25   25   26   26   26   26   26   26	Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be	
Zip   Country   Zip   Country   Zip   Country   St. This corporation overs or has paid the current year intangible   Personal Property Tax due June 30.		е						
28								
MS. BARBARA R. HARVEY 3412 BLUE JAY DRIVE TALLAHASSEE FI. 32310  16 Street Address (P.O. Box Number is Not Acceptable)  17 Pursuant to the provision of Sections 617 0502 and 617 1509. Points Statutes, the abover-varied corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorised by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorised by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorised by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorised by the corporation submits this statement for the purpose of changing its registered office or registered agent. I am significant with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  SIGNATURE  DEFICIENT AND DIRECTORS  12.								
MS. BARBARA R. HARVEY 3412 BLUE JAY DRIVE TALLAHASSEE FI. 32310  88  60  61  61  61  62  63  64  61  64  61  65  64  61  65  64  66  66  67  67  67  67  67  67  67								
3412 BLUE JAY DRIVE TALLAHASSEE FL 32310  17. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both and accept the obligations of Portices States.  SIGNATURE  DATE  12. NAME  13. STREET ADDRESS  14. STREET ADDRESS  14. STREET ADDRESS  15. STREET ADDRESS  15. STREET ADDRESS  16. STREET ADDRESS  16. STREET ADDRESS  17. ST. 2P  TALLAHASSEE FL  DELETE  17. ST. 2P  TALLAHASSEE FL  DELETE  18. STREET ADDRESS  18. STREET ADDRESS  18. STREET ADDRESS  19. STREET ADDRESS					81	Name		
3412 BLUE JAY DRIVE TALLAHASSEE FI. 32310  883  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both appointment as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both appointment as authorized by the corporation's board of directors. I have corporation's board of dire	MS. BARBARA R. HARVEY					Street Addre	ess (P.O. Box Number is Not Acceptable)	
B4   City	1						, ,	
TIL. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILL  TILL  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  PV  ITILE  VD  ORDER agrades agent	TALLAH	ASSEE FL 32310	83					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the applications of Section 617.0503, Florida Statutes.    SIGNATURE					84	City	85 Zip Code	
SIGNATURE DISJUNCTION OF INCIDENT AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TALLAHASSEE FL  1.5 TITLE								
SIGNATURE DISJUNCTION OF INCIDENT AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TALLAHASSEE FL  1.5 TITLE	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam tamillar with and accept the obligations of Section 617 0503. Florida Statutes							
Signature, typed or printed name of registered agent and tell if appliphable. (NOTE: Registered Agent signature required with intentitating)   DATE	SIGNATURE DA 1- 1-13-98							
TITLE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required which reinstating) DATE							
NAME STREET ADDRESS 3412 BLUE JAY DRIVE TALLAHASSEE FL TALLAHASSEE								
STREET ADDRESS   3412 BLUE JAY DRIVE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP		· <del>-</del>	⊥_ DELETE				☐ Change ☐ Addition	
CITY-ST-ZIP								
TITLE		TALLALIA COPE P				ļ		
NAME			DELETE	_		- ZIP	CT Chases CT Addition	
STREET ADDRESS   GOG CAMPBELL STREET   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	1 1	· =	☐ DETE15				El Change El Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE A1. TITLE TD AME WILLAMS, DR. JUANITA STREET ADDRESS CITY-ST-ZIP TITLE SD AVENT, MARY STREET ADDRESS CITY-ST-ZIP TITLE AVENT, MARY STREET ADDRESS CITY-ST-ZIP TITLE SD AVENT, MARY STREET ADDRESS CITY-ST-ZIP TITLE AVENT, MARY STREET ADDRESS CITY-ST-ZIP TITLE AVENT, MARY STREET ADDRESS CITY-ST-ZIP TITLE AMAE STREET ADDRESS CITY-ST-ZIP TITLE AMAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE AMAE STREET ADDRESS STREET ADDRESS GTREET ADDRESS STREET ADDRESS	i I	•-	La OLECTE				Criting Callion	
TALLAHASSEE FL   3.4. CITY-ST-ZIP     TITLE   TD	1					nnocce		
TITLE	] [							
NAME   WILIAMS, DR. JUANITA   4.2 NAME	) — — — — — — — — — — — — — — — — — — —		DELETE			1-21	Change Addition	
STREET ADDRESS   3005 WAHNISH WAY	i ''' i		_				_ * _	
CITY-ST-ZIP						ADDRESS		
TITLE         SD         DELETE         5.1 TITLE         Change         Addition           NAME         AVENT, MARY         5.2 NAME           STREET ADDRESS         1515 PAUL RUSSELL RD.         5.3 STREET ADDRESS           CITY-ST-ZIP         TALLAHASSEE FL         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS						į.		
NAME AVENT, MARY  STREET ADDRESS  CITY-ST-ZIP  TALLAHASSEE FL  DELETE  6.1 TITLE  NAME  STREET ADDRESS  6.2 NAME  6.3 STREET ADDRESS  6.3 STREET ADDRESS  6.3 STREET ADDRESS			☐ DELETE	_			Change Addition	
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	NAME			6.2 N	AME			
	STREET ADDRESS			6.3 S	TREET A	ADDRESS		
	CITY-ST-ZIP			6.4 C	ITY-\$T-	- ZIP		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE: Baling NATAUPLE REQUIREDBArbara R. HARVEY 1/13/98 921-6480

CR2E037 (10/97)